STATE OF WISCONSIN
Department of Workforce Development
Division of Workforce Solutions

CHILD CARE PAYMENT WORKSHEET
FOR CERTIFIED AND ACCREDITED CERTIFIED CHILD CARE PROVIDERS

Parent Name	CARES Number	Date

Child Name	Provider Type	Hours Auth.	X	Agency Hourly Rate*	Beginning Reimburs. Rate	LFAM Weekly Ceiling*	Lower Weekly Amount**
	R or P		X				
	R or P		X				
	R or P		X				
	R or P		X				
	R or P		X				
	R or P		X				
						FULL WEEKLY AMOUNT	

*If the certified provider is underlined accredited, increase the agency hourly rate and the LFAM Weekly Ceiling by 10%. Follow all other instructions.

**Compare the Beginning Reimbursement Rate to the LFAM Weekly Ceiling. Enter the lower of these two amounts in the Lower Weekly Amount space. Add each of the Lower Weekly Amounts to determine the Full Weekly Amount.

Determine the Standard Family Co-payment from the Child Care Co-pay Schedule and the Adjusted Family Co-payment due to the copay type ($0, minimum or differential).

Full Weekly Amount	Standard Family Co-payment	Adjusted Family Co-payment

Divide the Lower Weekly Amount for each child by the full weekly amount. This percentage for each child is then multiplied by the adjusted agency payment. This is the weekly payment that is used for the calculation to determine the hourly amount. This amount must be divided by the number of hours of care that have been authorized for the child. This hourly amount is the amount that will be paid for the actual hours of attendance up to the maximum number of hours authorized.

Child Name	Lower Weekly Amount	/	Full Weekly Amount	=	% of Full Cost	X	Adjusted Agency Payment ***	=	Weekly Pay	/	Hours Auth.	=	Hourly Rate of Pay
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	

***The Adjusted Agency Payment is the Full Weekly Amount minus the standard, adjusted or part time co-payment amount. The part time co-payment is calculated by dividing the standard or adjusted co-payment amount in half for each child whose total number of authorized hours is 20 hours or less for an authorization period.

DES-11560 (R. 09/2001)   **RETAIN COMPLETED FORM IN CLIENT FILE**